HSBV Animal ID:
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## **Guardian Surrender Agreement**

Animal Name:	Species:	Sex:	
guardian/owner of the An	guardian/owner of the Animal described a imal described above. I also certify that I ownership of the Animal to the Humane S	have unrestricted and compl	ete authority to
I surrender, relinquish, ar that I might have.	nd transfer ownership and all rights of gua	ardianship to HSBV in the Anii	mal, actual or implied
I certify that	to the best of my knowledge the Animal	has not bitten anyone in the	last 10 days.
I understand that there is request to speak to a supe	a non-refundable fee to relinquish an ani ervisor.	mal to HSBV. If I am not able	to pay the fee, I will
I also acknowledge my un relinquishment of the Ani	derstanding of, and agreement with, the mal:	following terms and condition	ns that govern the
(a) If the Animal is o	of suitable health and temperament it will	be placed in HSBV's adoption	n program.
	es not pass HSBV's health or behavioral so ized – which means that the Animal will b		
	fers an alternative to euthanasia, whereb hanized. Subject to the following terms a	-	•
I wish	to be notified so that I may reclaim the A	nimal before it is euthanized.	
I do no	ot wish to be notified before the Animal is	euthanized, and I do not wis	sh to reclaim the Animal.
that I must reclaim and pi	n (indicating my wish to reclaim the Anim ck up the Animal WITHIN 24 HOURS OF H eclaimed. I am responsible for maintaining	SBV GIVING NOTIFICATION b	y phone and by email

If I have initialed above that I wish to be notified before the Animal is euthanized, and if I provided contact information in the space(s) listed below, I understand that HSBV will attempt to contact me by email and by telephone as provided below. An HSBV representative may speak with me or leave a message on my telephone number or with the person who may answer the telephone.

current contact information for me, which is listed below.

HSBV's one-time email and telephone contact, as described above, shall constitute HSBV's only obligation to attempt to notify me that the Animal may be reclaimed by me. If I have not reclaimed and picked up the Animal within 24 hours from the time of HSBV's email and telephone notification, the Animal will be humanely euthanized. If the Animal is

HSBV Animal ID:				
suffering due to a medical emergency, HSBV reserves the right to humanely eut notification as set forth herein is completed.	hanize the Animal immediately before			
I understand that I may call HSBV to check on the status of the Animal that is being relinquished. I understand that I should also keep HSBV timely advised of any changes in my email address or telephone numbers. Failure to do so releases HSBV of the requirement of notification.				
I understand that if another party has expressed interest in adopting this Anima ultimately available for me to reclaim in the event I have a change of heart.	al, the Animal may not be immediately or			
I authorize HSBV to contact the Animal's former veterinarian to request medica evaluation process. This information may include but is not limited to, vaccinati rays.				
I understand that pet accessories including, but not limited to, food, toys, beds, collars and leashes, and crates or pet carriers will be considered a general donation to the Humane Society of Boulder Valley and will not be returned to me in the event that I have a change of heart or am requested to reclaim the Animal at any point during the Animal's stay.				
If my contact information is incorrect or becomes obsolete, and I do not immed and/or telephone contact information, the Humane Society shall not be obligate information.				
I hereby fully and completely release, indemnify and hold harmless the Humane Society of Boulder Valley, its directors, officers, volunteers, servants, and employees from any claim, cause of action, damages, or liability of any sort or nature, whether known or unknown, directly or indirectly arising out of or in connection with: (a) the Animal; (b) HSBV's care of this Animal; or (c) HSBV euthanizing this Animal (provided that HSBV has complied with the terms set forth above).				
Signature of HSBV Employee:	Date:			
Signature of Guardian/Owner:	Date:			
Printed Name:				
Address:				
City, State, Zip Code:				
Phone Number(s):				
Email Address (es):				